



# **Maternal and Child Health Services Block Grant to States Program**

**REQUEST FOR APPLICATIONS**  
**RFA# CHA\_MCHS080715**

**Submission Deadline: Friday, September 4, 2015 by 4:00pm**



DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH  
COMMUNITY HEALTH ADMINISTRATION  
TITLE V BLOCK GRANT  
NOTICE OF FUNDING AVAILABILITY

Request for Applications # CHA\_MCHS080715

**Maternal and Child Health Services Block Grant**

The Government of the District of Columbia, Department of Health (DOH), Community Health Administration (CHA) is soliciting applications from qualified applicants for funding under the U. S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health (MCH) Services Title V Block Grant Program (BO4MC28090).

The purpose of the MCH Title V program is to assist states in the design and implementation of comprehensive, community-based systems of care to address the needs of women (before, during and after pregnancy and childbirth), infants, children, and adolescents, including children and youth with special health care needs (CYSHCN).

Approximately \$2 million of the MCH Block Grant will be available to fund eligible organizations for one year (12 months) beginning October 1, 2015 and ending September 30, 2016. Organizations and entities eligible to apply for funding under this announcement include not-for profit, public and private organizations located and licensed to conduct business within the District of Columbia and experienced in providing maternal and child health services. Grant awards are made annually with up to 4 option years contingent on demonstrated progress by the recipient on achieving performance objectives and the continued availability of funds.

**The release date for RFA # CHA\_MCHS080715 is August 7, 2015 and the deadline for submission of applications is Friday September 4, 2015 at 4:00 pm.** CHA will have copies of the complete RFA available for pick up at 899 N. Capitol Street, NE, 3rd Floor reception area. Applicants can download a copy from the DC Grants Clearinghouse website at <http://opgs.dc.gov/page/opgs-district-grants-clearinghouse>.

The Pre-Application conference will be held at 899 N. Capitol Street, NE, 3rd Floor Conference Room 306, Washington, DC 20002, on **Friday, August 14, 2015**, from 2:00pm – 3:00 pm.

If you have any questions please contact Bryan Cheseman at [bryan.cheseman@dc.gov](mailto:bryan.cheseman@dc.gov) or at (202) 442-9339.

**District of Columbia Department of Health  
RFA Terms and Conditions**

**The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH) and to all awards, if funded under this RFA:**

- The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DOH, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DOH terms of agreement.
- Funding for a DOH subaward is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DOH may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- The RFA does not commit DOH to make any award.
- Individual persons are not eligible to apply or receive funding under any DOH RFA.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DOH shall notify the applicant if it rejects that applicant's proposal for review.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH shall determine an applicant's eligibility by way of local and federal registries for

excluded parties searches and documents and certifications submitted by the applicant.

- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at [www.sam.gov](http://www.sam.gov) prior to award.
- DOH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.
- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- DOH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.
- Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- DOH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, such as OMB Circulars 2 CFR 200 (effective December 26, 2014) and as applicable for any funds received and distributed by DOH under OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: [www.opgs.dc.gov](http://www.opgs.dc.gov) (click on Information) or click here: [City-Wide Grants Manual](#).

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at [doh.grants@dc.gov](mailto:doh.grants@dc.gov) or call (202) 442- 9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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## CHECKLIST FOR APPLICATIONS

- The applicant has completed a DOH Application for Funding and affixed it to the front of the Application Package.
- The *complete* **Application Package**, includes the following:
  - DOH Application for Funding
  - Project Narrative
  - Project Work Plan
  - Project Budget & Justification
  - Package of Assurances and Certification Documents
  - Other Attachments allowed or requested by the RFA (e.g. resumes, letters of support, logic models, etc.)
- Documents requiring signature have been signed by an AUTHORIZED Representative of the applicant organization.
- The Applicant has a DUNS number to be awarded funds. Go to Dun and Bradstreet to apply for and obtain DUNS number if needed.
- The Project Narrative is printed on **8½ x 11-inch paper, double-spaced**, on one-sided, **Arial or Times New Roman font using 12-point type with a minimum of one inch margins**. Applications that do not conform to this requirement will not be forwarded to the review panel.
- The application proposal format conforms to the “Application Elements” listed in the RFA.
- The Proposed Budget is complete and complies with the Budget forms provided in the RFA. The budget narrative is complete and describes the categories of items proposed.
- The Proposed Work Plan is complete and complies with the forms and format provided in the RFA
- The Applicant is submitting one (1) marked original and (1) hard copy.
- The appropriate attachments, including program descriptions, staff qualifications, individual resumes, licenses (if applicable), and other supporting documentation are enclosed.
- The application is submitted to **DOH, 899 North Capitol St., NE, 3rd Floor Reception Area** no later than 4:00 p.m., on the deadline date of **Friday, September 4, 2015.**

## I. GENERAL INFORMATION

### A. Key Dates

- Notice of Funding Announcement: **Friday, July 24, 2015**
- Request for Application Release Date: **Friday, August 7, 2015**
- Pre-Application Meeting Date: **Friday, August 14, 2015, 2pm**
- Application Submission Deadline: **Monday, September 4, 2015 by 4pm**
- Anticipated Award Start Date: **Thursday, October 1, 2015**

### B. Overview

Title V of the Social Security Act formed the Maternal and Child Health Program (Title V Program). The Title V MCH Program persists as the federal government's oldest partnership with states/territories, including the District of Columbia (the District). The Department of Health (DOH), Community Health Administration (CHA), receives funds on behalf of the District from the Maternal and Child Health Bureau (MCHB) within the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS).

Title V Program funds are used to address pertinent health and wellbeing issues facing mothers, infants, children, and youth, including children with special healthcare needs. Nationally, the Title V Program has seven key goals:

- (1) Accessibility of quality care, emphasizing limited availability and low-income income individuals;
- (2) Reducing infant mortality;
- (3) Ensuring and providing access to services supporting comprehensive maternal health, with an emphasis on low-income and at-risk women;
- (4) Increasing child health assessments, diagnostic, and follow-up treatment services;
- (5) Ensuring and providing access to preventive, acute, and rehabilitative services for children;
- (6) Implementing community-based and family-centered care systems offering coordinated care for children and youth with special health care needs; and
- (7) Providing hotlines and assistance for pregnant women with infants and children who are eligible for Medicaid.

The District also employs Title V funds to engage in ongoing assessment and monitoring of the health system and the quality of its MCH services, demographic trends, as well as health status indicators and risk factors.



### **C. Performance and Funding Period**

The anticipated performance and funding period is **October 1, 2015 through September 30, 2016.**

DOH anticipates availability of a maximum of \$2,500,000 to fund up to eight (8) awards in FY 2016. Annual awards are expected to be up to \$300,000 per year in total costs (direct and administrative costs).

Proposed budgets cannot exceed the allowable amount \$300,000. Annual continuation of awards for up to five years, will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

### **D. Eligible Organizations/Entities**

Organizations and entities that are eligible to apply for funding under this announcement include not-for profit, public and private organizations located and licensed to conduct business within the District of Columbia. Eligible applicants must demonstrate experience in providing services to targeted populations: reproductive age women, children, and youth, including children and youth with special health care needs (CYSHCN).

Considered for funding shall be organizations meeting the above eligibility criteria and with the following experience and support in place: demonstrated success working with multiple sectors or experience working with community, or other leaders, as appropriate, and demonstrated track record of improving community outcomes (including documented evaluations) through policy, environmental, programmatic and infrastructure strategies; and demonstrated ability to meet reporting requirements related to programmatic, financial, and management benchmarks as required by the RFA.

## II. BACKGROUND & PURPOSE

### A. Background

#### 1. District of Columbia

According to the 2010 Census, the District of Columbia's population is 601,723 residents. Approximately 38,156 children between the ages of zero (0) and five (5) are included in that number, representing 6% of the District's population. In total, the District experienced a 5.2% increase in population over the 572,059 residents recorded in the 2000 Census.



The District is geographically divided into four quadrants: Northeast, Northwest, Southeast, and Southwest). The eight electoral wards and the residents in each ward reflect an increasingly diverse population, particularly in terms of socioeconomic status and ethnicity.

The Northwest quadrant of the District includes Wards 1 and 4, both of which are home to a substantial number of Hispanic residents. In contrast, the Northeast quadrant's Wards 5 and 6 residents are predominately middle-class African Americans. While 96% of the residents in Wards 7 and 8 are also African American, the residents of the Southeast quadrant earn lower incomes, have higher poverty rates, and experience higher rates of unemployment than their counterparts in the District's other five wards. (Tables 1 and 2)

**TABLE 1: D.C. DEMOGRAPHICS (BY WARD)**

Ward	Total Population 2010 <sup>1</sup>	Average Family Income 2006-2010	% Population by Race and Ethnicity 2010				Household Total # 2010	% Children in Population 2010 <sup>2</sup>
			Black	White	Hispanic	Asian/PI		
1	76,197	\$ 89,921	33	36	22	5	31,309	12
2	79,915	\$116,794	13	67	9.5	10	34,811	5.8
3	77,152	\$150,629	5.6	78	7.5	8.2	36,040	13
4	75,773	\$97,355	59	20	19	2	29,029	20
5	74,308	\$ 62,420	77	15	6.3	1.7	29,340	17
6	76,598	\$103,014	42	47	4.8	5	34,449	13
7	71,068	\$ 48,305	96	1.4	2.3	.2	29,838	25
8	70,712	\$ 44,550	94	3.3	1.8	.5	25,827	30
<b>DC</b>	<b>601,723</b>	<b>\$92,959</b>	<b>51</b>	<b>38</b>	<b>9</b>	<b>4</b>	<b>n/a</b>	

<sup>1</sup> US Census Bureau 2010 American Community Survey

<sup>2</sup> US Census 2010 American Community Survey (Note: "Children" is defined as including all persons less than 18 years of age).

**TABLE 2: D.C. SOCIO-ECONOMIC INDICATORS (BY WARD)**

Ward	% Population 16+ Employed 2010	% Population Unemployed 2010	% Population without HS Diploma 2005-2009 <sup>3</sup>	% Population in Poverty 2010	% Children in Poverty 2010	# of people receiving Food Stamps 2010	# of People receiving TANF 2010
1	71.4	5	19	13	23	9,807	3,174
2	65.4	3	8.1	4.5	18	3,617	917
3	66.3	3	3.4	2.1	3.1	412	47
4	60.3	6	17	7.0	12	12,644	3,965
5	54	9	19	15	29	18,074	6,256
6	64.4	6	12	15	31	14,798	4,186
7	50	12	20	23.2	40	27,462	11,528
8	43.4	11	21	32.0	48	35,423	16,386
<b>DC</b>	<b>58.0</b>	<b>8.2</b>	<b>7.9</b>	<b>14.1</b>	<b>22.5</b>	<b>86,814</b>	<b>30,073</b>

## 2. D.C. Department of Health

DOH supports the Life Course Health Development (LCHD) approach. The underlying premise of the LCHD approach is the correlation between early life experiences and health outcomes later in life. LCHD-based interventions focus on key developmental points in the life cycle, for example, improving the pre-conception health status of women of childbearing age will improve infant health outcomes. The LCHD approach offers various options for optimizing health development under the premise that objective should go beyond mere disease avoidance, but aspire to promote positive health throughout life.<sup>4</sup> Given the socioeconomic challenges facing many residents (Table 2), stakeholder engagement and a commitment to LCHD principles is critical to efforts to ensure District residents of lower socioeconomic status have access to resources that support positive life experiences, particularly during the earliest stages.

## 3. D.C. Title V MCH Program

The Community Health Administration (CHA) administers the Title V Maternal and Child Health Block grant. The Administration seeks to improve health outcomes for targeted populations by promoting coordination within the health care system, enhancing access to preventive, medical and support services, and fostering public engagement in designing and implementing programs for the District's women, infants, children (including CYSHCN), and other family members. In its role as Title V Program administrator, CHA promotes the goals and objectives of the Title V Program and manages program development, budget, and provides oversight of sub grants to organizations implementing program objectives. CHA also facilitates and/or participates in inter- and intra- agency collaboration, reports on Title V Program activities and objectives, and represents the District at related meetings.

<sup>3</sup> Neighborhood Change Database, created by GeoLytics and the Urban Institute, with funding from the Rockefeller Foundation. Data on TANF and Food Stamps are from the DC Department of Human Services, Economic Security Administration; Neighborhood Info DC, a partnership of the Urban Institute and the Washington, DC Local Initiatives Support Coalition (LISC); (information accessed on 07.15.12 at <http://neighborhoodinfodc.org/wards/wards.html>)

<sup>4</sup> Russ, SA, et al., "A Lifecourse Approach to Health Development: Implications for the Maternal and Child Health Research Agenda", *Matern Child Health J* (2014) 18:497–510.

The DC Title V Program relied on the findings from the Five Year Needs Assessment, structured surveying open to all Community Health Administration staff, identified Mayoral priorities, and additional input from external public health professionals to identify priority needs. After collating the above, the following priorities were determined: 1) Improving women's reproductive health; 2) Decreasing infant mortality; 3) Reducing chronic disease burden among children and youth (including obesity); 4) Improving adolescent health (specifically STIs, pregnancy, and behavioral health); 5) Decreasing unintentional injury and violence among children and youth; 6) Enhancing use of medical home and transitional services for CYSHCN; 7) Improving maternal and child oral health; and 9) Improving behavioral health access and coordination. Health literacy was identified as a DC priority through the Needs Assessment Process, however not selected, as culturally competent materials at appropriate reading levels will be embedded into all Title V programs. In addition, priorities that positively impact school readiness and educational achievement will also address health literacy. Each priority performance area listed in Section II.B. (Purpose) is supported by data and stakeholder feedback from the Needs Assessment.

## **B. Purpose**

DOH is soliciting applications from qualified entities to develop programs and initiatives in support of Title V Program goals and tailored to the identified maternal child health (MCH) populations. The Health Resources and Services Administration, Maternal and Child Health Bureau has identified six MCH population domains to guide program development through the Block Grant for Fiscal Years 2016-2020:

- Domain 1: Women/Maternal Health
- Domain 2: Perinatal Infant Health
- Domain 3: Child Health
- Domain 4: Adolescent Health
- Domain 5: CYSHCN
- Domain 6: Cross-Cutting or Life Course

1. Applicants' proposals shall describe interventions designed to achieve positive outcomes within one of the six population domains, in the following performance areas: 1) Well-Woman Visits; 2) Breastfeeding; 3) Bullying (Youth Violence); 4) Transition and Navigation; 5) Behavioral Health; and, 6) Tobacco.
2. Applicants shall address only one (1) performance area in each application, but may submit multiple applications. Where appropriate, the program shall incorporate components that reflect principles of the Life Course Health Development (LCHD) approach. The outcomes for the proposed programs must align with the District's selected Title V National Performance Measures:
  - Well-woman visit (Percent of women with a past year preventative visit)
  - Breastfeeding (A. Percent of infants who are ever breastfed and B. Percent of infants breastfed exclusively through 6 months)

- Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)
- Physical activity (Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day)
- Bullying (Percent of adolescents, 12 through 17, who are bullied or who bully others)
- Transition (Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care)
- Oral health (A. Percent of women who had a dental visit during pregnancy and B. Percent of children, ages 1 through 17, who had a preventive dental visit in the past year)
- Smoking during Pregnancy and Household Smoking (A. Percent of women who smoke during pregnancy and B. Percent of children who live in households where someone smokes)

### III. ADMINISTRATIVE REQUIREMENTS

#### A. Award Uses

The award under this RFA will be used exclusively to pay costs associated with the implementation of the award. Payment requests will be monitored by DOH to ensure compliance with the approved budget and work plan.

#### B. Conditions of Award

As a condition of award, a successful applicant who is issued a Notice of Award (NOA) will be required to:

- Revise and resubmit a work plan and budget in accordance with the approved scope of work and assignments prescribed by a DOH Notice of Intent to Fund and any pre-award negotiations with assigned DOH project and grants management personnel.
- Meet Pre-Award requirements, including submission and approval of required assurances and certification documents (see Section VII E- Assurances & Certifications), documentation of non-disbarment or suspension (current or pending) of eligibility to review federal funds.
- Adhere to mutually agreed upon terms and conditions of an award agreement and Notice of Award issued by the Director of the Department of Health and accepted by the awardee organization. The award agreement shall outline the scope of work, standards, reporting requirements, fund distribution terms and any special provisions required by District agreements.
- Develop a sustainability plan for the proposed initiative

#### C. Administrative Cost

Applicants' budget submissions must adhere to a **ten-percent (10%) maximum** for

administrative costs. All proposed costs must be reflected as either a direct charge to specific budget line items, or as an indirect cost.

#### **D. Insurance**

All applicants that receive awards under this RFA must show proof of all insurance coverage required by law prior to receiving funds.

#### **E. Audits**

At any time or times before final payment and three (3) years thereafter, the District may have the applicant's expenditure statements and source documentation audited. The non-federal entity must submit the most recent single audit or A133 reports to DOH personnel upon request. Under the 2 CFR 200-Uniformed Guidance: Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Subpart F-Audit Requirements, 200.501 Audit Requirements, a non-federal entity that expends \$750,000 or more in Federal awards during the non-federal entity's fiscal year must have a single or program specific audit (also known as the A-133).

Please reference <http://www.ecfr.gov/cgi-bin/text-idx?node=sp2.1.200.f&rgn=div6> for additional guidance on audit requirements.

#### **F. Nondiscrimination in the Delivery of Services**

In accordance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any program activity receiving funds under this RFA.

#### **G. Quality Assurance**

DOH will use a risk-based management and monitoring assessment to establish a monitoring plan for the awardee. Awardees will submit an interim and final report on progress, successes and barriers.

Funding is contingent upon the awardee's compliance with terms of the agreement and progress in meeting milestones and targets outlined in the approved work plan and performance plan. All programs shall be monitored and assessed by assigned project and grants management personnel. The awardee will receive a performance rating and be subject to review at any time during the budget period.

A final performance report shall be completed by DOH and provided and held for record and use by DOH in making additional funding or future funding available to the applicant. All performance reports are subject to review and oversight by the DOH Office of Grants Management.

## IV. PERFORMANCE REQUIREMENTS

### A. PERFORMANCE AREAS

#### 1. WELL-WOMAN VISITS

Access to and utilization of preventive services is a critical component of maintaining good health across the lifespan, and for that reason, the Patient Protection and Affordable Care Act of 2010 (ACA) has focused particularly on increasing access to preventive services for all populations. A typical preventive visit includes recommended screenings, evaluation and counseling, and routine preventive treatment, such as vaccination, in accordance with US Preventive Services Task Force guidelines. For women and men of reproductive ages, preventive services also include reproductive health/family planning screening and services.<sup>5</sup> Preventive service appointments offer clinicians the opportunity to assess and counsel patients on healthy lifestyles and minimizing and/or mitigating health risks and risk-inducing behaviors.<sup>6</sup> For women of reproductive ages, preventive (“well-woman”) services are also critical – as are prenatal services – to safeguarding the health of infants and children, as maternal health – before, during, and after pregnancy – has marked impacts on birth outcomes and overall child health.<sup>7</sup> Therefore ensuring use of well-woman and prenatal services is a critical MCH priority.

While the District has made great strides with regards to creating greater access to well-woman and prenatal care, there has been less investment focused on encouraging the appropriate utilization of these services. For example, patients may not schedule preventive visits as prescribed (e.g. annually for healthy non-pregnant women, starting in the first trimester for pregnant women, etc.) or they may not follow through with scheduled visits (i.e. no-show). To that end, funding under this performance area shall be used to improve the appropriate utilization of preventive and prenatal services among women of reproductive age, with an emphasis on reducing no-show rates for preventive and prenatal visits.

#### PRIORITY STRATEGIES

Applicants shall use innovative evidence-informed strategies to decrease no-shows for preventive well-woman and prenatal appointments and to otherwise encourage the appropriate use of preventive services among women of reproductive age. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period) and should be adaptable - for use with other patient populations. Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

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<sup>5</sup> “Well-Woman Preventative Visit,” pp.123-156, Clinical Preventive Services for Women: Closing the Gaps, Institute of Medicine of the National Academies, The National Academies Press, Washington, DC (2011).

<sup>6</sup> “Well-Woman Visit,” *Committee Opinion*, No. 234, The American College of Obstetricians and Gynecologists (August 2012; Reaff’d 2014).

<sup>7</sup> Johnson, PA and Fitzgerald, T., “Opinion: The Affordable Care Act and the Opportunity to Improve Prevention in Women: How to Make the Most of the Law,” *Clinical Chemistry*, v. 60:1 (2014).



## **PRIORITY POPULATIONS**

- Reproductive age women
- Women in the perinatal period

## **PRIORITY SETTINGS**

- Federally Qualified Health Centers and FQHC Look-Alikes

## **2. BREASTFEEDING**

Breastfeeding offers a multitude of benefits for mother and child, including offering the best nutrients for infant growth and development; enhancing infants' immunologic defenses; and facilitating mother-infant attachment and mothers' recovery from child birth.<sup>8</sup> Subject to certain exceptions, experts agree that human milk provides the most complete form of nutrition for infants, including premature and sick newborns.<sup>9</sup>

Nationwide, Healthy People 2020 seeks to increase the number of breastfed infants to 82%. While the benefits of breastfeeding as a core maternity care practice are well-documented, initiation and duration rates among Black infants lag behind the rates among White infants by 16%.<sup>10</sup> There is no single cause of this disparity; however, because research shows breastfeeding varies based on racial demographics, women living in predominantly African American communities might have trouble accessing support services. Research shows that institutional changes in maternity care practices effectively increases breastfeeding initiation and duration.

## **PRIORITY STRATEGIES**

Applicants are encouraged to use strategies that assist birthing facilities with financial support and technical assistance in navigating and implementing the 4-D pathway to Baby-Friendly Designation. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period) and should be adaptable - for use with other patient populations. Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

## **PRIORITY POPULATIONS**

- Women in the prenatal and postpartum period, particularly African-American and low-income populations

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<sup>8</sup> AM DiGirolamo et al., "Effect of Maternity-Care Practices on Breastfeeding," *Pediatrics*, vol. 22, pp. s43-s49, 2 October 2008.

<sup>9</sup> "Breastfeeding", Division of Nutrition, Physical Activity, and Obesity, U.S. Centers for Disease Control and Prevention, available at: <http://www.cdc.gov/breastfeeding/disease/>

<sup>10</sup> CDC. Progress in increasing breastfeeding and reducing racial/ethnic differences—United States, 2000–2008 births. *MMWR* 2013;62:77–80.



- Infants ages 0 to six months

### **PRIORITY SETTINGS**

- Birthing facilities with commitment to serving African-American and low-income women

## **3. YOUTH VIOLENCE**

Exposure to violence is a public health concern with far reaching implications. Adults reporting exposure to violence as children had increased likelihood of a number of chronic health conditions compared to those without such exposures, especially if their experience involved multiple forms of violence exposures. In addition, there is a significantly higher likelihood of engaging in behaviors known to contribute to chronic illness behaviors (smoking, eating disorders, substance abuse, decreased physical activity) for those who have been exposed to one or more of the range of types of interpersonal violence (e.g. child abuse, sexual assault, family violence, community violence).

Available data indicates that many District youth have been exposed to one or more forms of violence. According to the 2009 DC YRBS, 53% of middle school and 61.5% of high school students reported that they or someone close to them has been wounded by a weapon or physically attacked. The 2013 DC YRBS survey indicates that more than one-third of high school students (37.6%) were in a physical fight, 12% experienced physical dating violence and 9.3% reported sexual dating violence. Twenty percent of high school students have reported carrying a weapon.

Youth violence prevention strategies are effective when they are evidence-based and focus on reducing the factors that put young people at risk for violence and bolstering the factors that strengthen their positive development and buffer against violence. Violence prevention research shows that since youth violence is influenced by multiple factors, youth violence prevention efforts are stronger when multiple levels of risk and protection are understood and addressed by prevention strategies.

### **PRIORITY STRATEGIES**

Applicants are encouraged to use strategies to address youth violence that have been rigorously evaluated and address multiple levels of risk and protection, such as those listed in the National Registry of Evidence-based Programs and Practices (NREPP) and other registries for evidence-based practices. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period).

### **PRIORITY POPULATIONS**

- Youth (ages 10-24 years) residing in areas with high rates of homicide/assault (Wards 5, 7, 8).

### **PRIORITY SETTINGS**

- DC public and public charter schools
- Community centers

## **4. TRANSITION AND NAVIGATION**

### **TRANSITION**

The transition from pediatric to adult health care is a national and DC priority. It involves increasing a youth's ability to use and manage his or her health care. Transition also involves establishing an organized clinical process to prepare youth and families for adult-centered care, transferring to new adult providers, and integrating into adult care. In 2011, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians issued a joint clinical report on transition, which calls for starting transition planning early in adolescence for all youth and continuing through young adulthood.<sup>11</sup> Unfortunately, the majority of DC youth with and without special needs report not receiving needed transition preparation. As a result, many are without adult primary care providers, without current medical information when they change providers, and without self-care support during adolescence.

Quality improvement (QI) transition initiatives, using the Six Core Elements of Health Care Transition<sup>12</sup>, help to ensure a systematic transition process for youth, young adults, and families. The core elements include: 1) policy, 2) tracking and monitoring, 3) readiness, 4) planning, 5) transfer of care, and 6) transfer completion. With few exceptions, these transition QI initiatives are seldom available to youth and young adults, including those with special needs, in DC primary and specialty care practices and clinics. Moreover, payment to incentivize pediatric, nurse practitioner, family medicine, and internal medicine providers to offer recommended transition services are not available.

### **PRIORITY STRATEGIES**

Applicants are encouraged to use evidence-informed interventions and formal QI methodologies and evaluation to expand transition quality improvement opportunities to clinical providers in the District of Columbia. Proposals should involve pre and post measurement of impacts related to population health, experience of care, and costs of care. Applicants should also have a track record of working on Medicaid payment reforms and demonstrate coordination with DC Medicaid program. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period).

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<sup>11</sup> "Clinical Report—Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home," *Pediatrics*, 27 June 2011, available at: <http://pediatrics.aappublications.org/content/early/2011/06/23/peds.2011-0969>

<sup>12</sup> "What is Health Care Transition?", [gottransition.org](http://www.gottransition.org/providers/index.cfm), available at: <http://www.gottransition.org/providers/index.cfm> (accessed July 17, 2015)

## **PRIORITY POPULATIONS**

- Youth and young adults, with and without special health care needs.
- DC Title V is particularly interested in strategies that include Medicaid-insured youth.

## **PRIORITY SETTINGS**

- Clinical providers serving youth and young adults with and without special healthcare needs.

## **NAVIGATION**

Children with special health care needs often face barriers in accessing needed health and social services. According to the 2009/2010 National Survey of Children with Special Health Care Needs, 16.6% of children living in the District have special health care needs. Among these children, 18% have unmet needs for specific health care services, and 21.1% of families have difficulty getting a referral when needed. Only 37.5% of families report that their child receives coordinated, ongoing, comprehensive care within a medical home, and 67.3% of families report that they are partners in decision-making at all levels and that they are satisfied with the services they receive. Families of CYSHCN report numerous barriers in accessing health care services including, difficulty navigating insurance and referrals, inability to access specialty care, lack of linkages to community resources and language/literacy limitations.

The patient navigation model works to eliminate barriers in health systems by ensuring the timely movement of an individual across the entire health care continuum from prevention, detection, diagnosis, treatment, and support, to end-of-life care. Parent navigation programs for families with CYSHCN aim to inform, educate and empower families to be partners with providers in advocating for their children's health and well-being. Parent navigation programs have been demonstrated to improve health outcomes for children and youth with special health care needs through decreasing hospitalization and improving families' understanding and satisfaction with the health care system.<sup>13</sup>

## **PRIORITY STRATEGIES**

Applicants are encouraged to use evidence-informed interventions and formal QI methodologies and evaluation to provide navigational services to children and youth with special health care needs and their families. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period). Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

## **PRIORITY POPULATIONS**

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<sup>13</sup> S. Silow-Carroll. Rhode Island's Pediatric Practice Enhancement Project: Parents Helping Parents and Practitioners. *The Commonwealth Fund*, 1361, vol 36. April 2009.

- Children and youth with special health care needs.
- DC Title V is particularly interested in strategies that focus on CYSHCN from medically underserved communities.

### **PRIORITY SETTINGS**

- Community based primary care centers, serving CYSHCN

## **5. BEHAVIORAL HEALTH**

According to the 2013 YRBS, 25.5% of District youth in grades 9-12 felt sad or hopeless almost every day for 2 or more weeks in a row. Half of all mental disorders begin by the time a person is 14 years old and 75% begin by the time a person is 24 years old. If left untreated, mental health problems may persist and can lead to a cycle of school failure, family and peer relationship difficulties, involvement with the criminal justice system, and poverty. Early intervention may mitigate such negative sequelae leading to improved outcomes, less intensive treatment, and cost savings; however, only a minority of children with mental health disorders receives needed services.

One promising approach to earlier identification and treatment of mental health problems is mental health integration in the primary care setting. There are many advantages to integrated care: there is better access to primary care than to specialty mental health care; primary care providers (PCPs) often have longitudinal, trusting relationships with families; and integrated care can help to de-stigmatize mental health issues. Within the District, pediatricians are increasingly engaging in annual, universal mental health screening and targeted mental health referrals due to new Medicaid requirements and increased support from mental health advocates. Yet even with increased screening, many children with mental health needs in the District are not receiving all the services they require due to a number of potential barriers, including lack of understanding, availability of services and personal barriers, such as transportation. Specialized mental health care coordination may potentially address these barriers and improve a family's ability to connect with mental health care.

### **PRIORITY STRATEGIES**

Applicants are encouraged to use strategies that promote use of mental health care coordination within primary care settings. Strategies should include formal QI methodologies and evaluations, and result in improving the ability of children/youth and their families to access mental health services. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period) and should be adaptable for use with other patient populations. Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

### **PRIORITY POPULATIONS**

- Children and youth at high risk for mental health disorders.
- DC Title V is particularly interested in strategies that include children/youth with co-

occurring developmental disorders.

#### **PRIORITY SETTINGS**

- Pediatric primary care health centers

## **6. TOBACCO**

In the United States, smoking has been proven to be disproportionately prevalent among lower socio-economic groups. Almost 32 million children and adolescents, or about half of children in this age group, are exposed to secondhand smoke, most commonly in the home and vehicles. In the District, 22.8% of children live with a tobacco user. Secondhand smoke exposure causes increased premature births among pregnant women, increased infants deaths due to Sudden Infant Death Syndrome, as well as increased asthma attacks and lower respiratory infections among children. Reducing or eliminating environmental smoke exposure within communities can improve the health and quality of life for District residents of all ages.

#### **PRIORITY STRATEGIES**

Applicants are encouraged to use strategies to decrease environmental tobacco exposures in the home or other identified community setting. Strategies should include formal QI methodologies and evaluations. Proposed strategies should have a high-likelihood of sustainability (i.e. beyond the funding period) and should be adaptable for use with other populations. Grantees are encouraged to use a Plan-Do-Study-Act (PDSA) approach to their project implementation.

#### **PRIORITY POPULATIONS**

- Perinatal women
- Infants
- Children
- DC Title V has a particular interest in strategies that include children with asthma or other chronic lower respiratory disease.

#### **PRIORITY SETTINGS**

- Residential and community settings
- DC Title V has a particular interest in strategies involving settings in lower socioeconomic communities.

## **B. APPLICATION SECTION**

Applicants will provide the following:

### **1. Background and Need**

Applicant will provide the following:

- Persons to be reached
- Interventions/Program Models
- Recipient Responsibilities/Activities
- Describe current capacity to support the activities identified in the recipient activities.
- Describe past policy, environmental, programmatic, and infrastructure successes, including lessons learned, if applicable. Identify past policy, environmental, programmatic, and infrastructure successes that have demonstrated improved community outcomes.
- Describe the area in which the project will be located and the intervention population to be served, including population size, and other characteristics. Where feasible and appropriate use local data to describe the health status of the intervention population, including health disparities that characterize the population.

## **2. Organizational Capacity**

- Describe experience in serving the target population(s).
- Describe existing and additional required staff (if any), qualifications, and responsibilities. For vacant proposed positions, identify duties, responsibilities and projected time line for recruitment and time-limited hiring. CV, resumes, position descriptions, and organizational charts may be submitted as appendices.
- Describe how funding will support strategies that align with the goals of the initiative.
- Describe fiscal practices to capture funds leveraged from other sources.
- Describe additional sources of funding the program will pursue.

## **3. Partnerships, Linkages, and Referrals**

- Describe plans for establishing a new, or engaging an existing, cross-sector network of partners to participate actively in the implementation, and evaluation, if applicable of the applicant's implementation plan.
- Describe past successes working with agencies and organizations in other sectors to advance a community or public health goal and achieve improved community outcomes.
- Provide letters of commitment and evidence of support and connections with other agencies and organizations across multiple relevant sectors pertinent to the accomplishment of the selected outcome measures.
- Explain the process for tracking linkages and their outcomes, and how collecting and reporting data on referrals.

## **4. Project Description (Implementation Narrative) and Work Plan**

- Describe selected strategies/interventions and how they will be implemented to achieve program goals, objectives and outcome measures.
- Outline the reasoning for selecting the proposed objectives and activities, including an assessment of the current needs and assets in the community and indicate plans for

sustainability and leveraging resources. Describe how objectives will maximize public health impact of MCH Title V funding, including strength of proposed policy, environmental, programmatic, and infrastructure strategies, frequency of exposure, number of people affected, degree to which health disparities will be reduced, or contribution of innovative approaches to achieve evidence based practices.

- Include a Work Plan that includes all of the elements found in the work plan example provided in Appendix B. The work plan should propose process and **outcome** Objectives; identify selected activities; describe key milestones/indicators, and timelines; estimate reach, identify lead individuals or organizations, and data sources for performance monitoring. Objectives should be SMART Objectives (Specific, Measurable, Achievable, Relevant, and Time-Framed). [Include your Work Plan as Attachment A.]
- Describe plans for collecting data on the selected outcome measures cited in the work plan.
- Describe how lessons learned will be captured and disseminated.

## 5. Budget Justification and Narrative

Include the budget justification and narrative as separate attachments, not to be counted in the narrative page limit. The line item budget justification and narrative should include funding to support all requirements of the RFA, be directly aligned with the stated goals, objectives, outcomes and milestones in the work plan, and training requirements.

**(Note: applicants wishing to apply for more than one of the two strategies described above must submit separate and complete applications.)**

## VI. EVALUATION CRITERIA

Eligible applications will be assessed in each area to the extent to which an applicant demonstrates:

### 1. Background and Need (20 Points)

- Does the application demonstrate a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program interventions?
- Does the application demonstrate current capacity to perform the work of the RFA as described in the application submitted, including past successes in improving health outcomes and environmental, programmatic, and infrastructure strategies?

### 2. Organizational Capacity (30 Points)

- Does the application demonstrate experience in serving the target population(s), including at least two (2) years' experience providing services to reproductive age women, children, adolescents and/or CYSHCN and their families? Does the applicant emphasize past experiences within the District of Columbia, family-centered and



strength-based service provision; experience in providing services to culturally diverse communities/families; and experience in LCHD approaches (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community.)?

- Does the application demonstrate that proposed staff or key persons and recruitment and training plans are consistent with the applicant's ability to carry out proposed activities?
- Does the application demonstrate how funding will align to provide adequate resources to accomplish the goals of the initiative?
- Does the application demonstrate adequate fiscal management plans and reporting systems to comply with the reporting requirements?
- Has the applicant provided strong sustainability plans including identification of additional sources of funding to leverage and the ability to capture and report that information?

### **3. Partnerships, Linkages, and Referrals (10 Points)**

- Does the application demonstrate how organization activities support the applicant's ability to carry out activities under this program?
- Does the application demonstrate partnership and linkages support the applicant's ability to implement the described program?
- Are appropriate letters of support included, clearly outlining a commitment to proposed activities?
- Does the application demonstrate the applicant's experience and past success collaborating with other organizations (in multiple sectors such as public health, transportation, education, health care delivery, etc.) to improve community outcomes as well as plans for new community collaboration?

### **4. Implementation Narrative & Work Plan (40 points)**

- Does the implementation plan include an annual work plan; to include a chronological list and description of activities to be performed, the responsible person and target dates for completion, and anticipated outcomes?
- Does the applicant's proposed plan present a cohesive set of strategies/activities? How well do the proposed strategies address the selected outcome measures for the intervention population, including in relation to health disparities and/or health equity?
- Does the implementation plan demonstrate the proposed strategies strive to maximize public health impact of Title V MCH funding (as measured by strength of proposed policy, environmental, programmatic, and infrastructure strategies,



frequency of exposure, number of people affected, degree to which health disparities will be reduced or healthy equity achieved, or contribution to innovation of viable new approaches)?

- Does the applicant demonstrate proven ability to effectively engage and involve the targeted populations or communities, including implementation of culturally and age appropriate strategies?
- Does the applicant provide estimated population reach for selected outcomes and objectives?
- Demonstrate that the proposed plan provides a foundation for sustainability efforts.
- Are outcome objectives SMART and do milestones represent a logical and realistic plan of action for timely and successful achievement of outcome objectives?

## **5. Budget and Budget Narrative (Reviewed, but not scored)**

- Is the itemized budget for conducting the project and the justification reasonable and consistent with stated objectives and planned program activities?

# **VII. APPLICATION SUBMISSION**

## **1. Application Package**

Only one (1) application per organization will be accepted for a Performance Area. Multiple applications for a single Performance Area submitted by one organization will be deemed ineligible and not forwarded to the external review panel. If an organization is applying for more than one Performance Area, the organization has to submit one application per Performance Area. Complete Application Package shall contain the following:

- **A DOH Application for Funding**
- **Project Narrative (See Section VI F - Application Elements)**
- **Attachments (See Application VI F – Application Elements)**
- **Assurance & Certification Packet (See Section VII E – Assurances)**

## **2. Application Elements - Project Narrative & Attachments**

- Executive Summary
- Background & Need
- Organizational Capacity Description
- Partnership, Linkages and Referrals Description
- Implementation Plan
- Attachments
  - Work Plan (Attachment - Required Template)

- Budget (Attachment - Required Template – Not Scored)
- Letters of Support
- Position Descriptions (if applicable)

### 3. Pre-Application Conference

A Pre-Application Conference will be held on **Friday, August 14, 2015**, from 2:30pm to 4:00 p.m. The meeting will provide an overview of CHA's RFA requirements and address specific issues and concerns about the RFA. No applications shall be accepted by any DOH personnel at this conference. Do not submit drafts, outlines or summaries for review, comment and technical assistance.

### 4. The Pre-Application conference will be held at the Department of Health, 899 North Capitol Street, NE, 3rd Floor Conference Room 306, Washington, DC 20002. Internet

Applicants who received this RFA via the Internet shall provide the District of Columbia Department of Health and Office of Partnerships and Grants Services with the information listed below, by contacting Jackie Proctor via email, [jackie.proctor@dc.gov](mailto:jackie.proctor@dc.gov). Please place "**RFA Contact Information**" in the subject box.

Name of Organization  
Key Contact  
Mailing Address  
Telephone and Fax Number E-mail Address

This information shall be used to provide updates and any addenda to the RFA.

### 5. Assurances & Certifications

DOH requires all applicants to submit various certifications, licenses, and assurances to help ensure all potential awardees are operating with proper D.C. licenses. The complete compilation of the requested documents is referred to as the **Assurances Package**.

The Assurances Package must be submitted along with the application. Only ONE Assurances Package is required per submission.

DOH classifies assurances packages into two categories:

- (1) Those "required to submit along with applications" and
- (2) Those "required to sign award agreements."

Failure to submit the required assurance package may result in the application being either ineligible for funding consideration or in-eligible to sign/execute award agreements.

If the applicant has not previously provided DOH with current versions of the documents

listed below, the applicant also must submit the following documents along with the application:

- A current business license, registration, or certificate to transact business in the District of Columbia
- 501(c)(3) certification (for non-profit organizations)
- Current certificate of good standing from local tax authority
- List of board of directors provided by memo on agency letterhead, including names, titles and signed by the authorized representative of the applicant organization.

## 6. Format

Applicants should prepare the application in accordance with the following guidelines:

- Font size: Times New Roman or Arial 12-point unrounded
- Spacing: Double-spaced
- Paper size: 8.5 by 11 inches
- Page margins: 1 inch
- Printing: Only on one side of page
- Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way.
- Page limit: 80 pages including all attachments

## 7. Submission

Submit **four (4) hard copies** (one marked “Original” and three additional copies) and **one (1) electronic copy via a flash drive** to the Community Health Administration (CHA) **on or before 4:00 pm on Monday, September 4, 2015**. Applications delivered after the deadline will not be reviewed or considered for funding.

**Applications must be delivered to:**

District of Columbia Department of Health  
Community Health Administration  
3rd Floor Conference Room  
899 North Capitol Street NE  
Washington DC 20002

## 8. Contact Information

### Grants Management

Bryan Cheseman  
Office of Grants Monitoring & Program Evaluation

DC Department of Health  
Community Health Administration  
Government of the District of Columbia  
899 North Capitol Street, N.E., 3rd Floor, Washington, DC 20002  
Email: [bryan.cheseman@dc.gov](mailto:bryan.cheseman@dc.gov)

### **Program Contact**

Jacqueline Proctor, MHS  
Title V Program Coordinator  
District of Columbia Department of Health (DOH)  
Community Health Administration (CHA)  
Grants Monitoring and Program Evaluation  
899 North Capitol Street, NE, 3rd Floor. Washington, DC 20002  
202-442-9356 (Direct)  
Email: [Jackie.proctor@dc.gov](mailto:Jackie.proctor@dc.gov)

## **VIII. APPLICATION REVIEW & SELECTION INFORMATION**

### **REVIEW AND SCORING OF APPLICATION**

#### **Technical Review**

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

#### **External Review Panel**

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

#### **Internal Review**

DOH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and

external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DOH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct a DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

## IX. APPENDICES

### 1. Appendix A: Definitions

For purposes of this RFA, the following terms shall have the meanings ascribed below:

**Bullying** – Unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Additional guidance on bullying surveillance is available at: <http://www.cdc.gov/violenceprevention/pdf/bullying-definitions-final-a.pdf>. (HRSA)

**Care Coordination**- a central, ongoing component of an effective system of care for children and youth with special health care needs and their families. Care coordination engages families in development of a care plan and links them to health and other services that address the full range of their needs and concerns. Principles of care coordination reflect the central role of families and the prioritization of child and family concerns, strengths and needs in the effective care of children with special health care needs. Activities of care coordination may vary from family to family, but begin with identification of individual child and family needs, strengths and concerns, and aims, simultaneously, at meeting family needs, building family capacity and improving systems of care.

**Case Management**- provision of services based on a coordinated, culturally competent approach involving client assessment, referral, monitoring, utilization, and follow-up of needed services.

**Children and Youth with Special Health Care Needs (CYSHCN)**- “...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” (HRSA, MCH Bureau)

**Infants** – Children less than one year of age that are not included in any other class of individuals. (HRSA)

**Implementation Plan** - Plan that describes the process and resources needed to carry out a program. The plan contains brief description of the major tasks involved in carrying out the program; and, the overall resources needed to support the program effort (such as hardware, software, facilities, materials, frameworks and personnel)

**Life Course Theory (LCT)** – A conceptual framework that helps explain health and disease patterns – particularly health disparities – across populations and over time. Instead of focusing on differences in health patterns based on one disease or condition at a time, LCT points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups. LCT is population focused, and firmly rooted in social determinants and social equity models. Though not often explicitly state, LCT is also community (or “place”) focused, since social, economic and environmental patterns are closely linked to community and neighborhood settings. (HRSA)

**Medical Home**- A system for the delivery of primary medical care services that provides structured delivery of services by a multidisciplinary team. The services provided include comprehensive primary care; specialty referral; and transition services after periods of hospitalization or long-term care. All of these services are uniformly accessible, comprehensive, continuous, family-centered, coordinated, compassionate and culturally sensitive.

**Morbidity** – A general term for any health condition that encompasses diseases, injuries, and impairments in a population or group. (HRSA)

**Mortality** – A general term for the incidence of deaths in a population or group. The number of deaths may be reported by age, sex, race/ethnicity, geographic area, and cause of death. (HRSA)

**Needs Assessment** – A process to understand the strengths and needs of the health service system within a community or population. For maternal and child health purposes, needs assessment efforts consider the following components: 1) health status, 2) health service utilization, 3) health systems capacity, and 4) population/ community characteristics and contextual characteristics. (HRSA)

**Newborn** – A human infant from the time of birth through the 28th day of life. (HRSA)

**Objectives** – The yardsticks by which an agency can measure its efforts to accomplish a

goal. (HRSA)

**Outcome Measure** – The ultimate focus and desired result of any set of public health program activities and interventions is an improved health and well-being outcome. Health and well-being outcomes are usually longer term and tied to the ultimate program goal. Morbidity and mortality statistics are indicators of achievement of health outcomes. Other outcomes reflect commonly accepted indicators of a highly functioning system of care for children with special health care needs and their families, positive outcomes, outcomes which are legislatively mandated or are a legislative focus, outcomes where the prevalence is increasing, and developmental outcomes where a fully functioning data system does not exist. (HRSA)

**Perinatal** – The period of gestation between 28 weeks or more to 7 days or less after birth. (HRSA)

**Performance Measure** – A narrative statement that describes a specific maternal and child health need or requirement that, when successfully addressed, will lead to or will assist in leading to a specific health outcome within a community or jurisdiction and generally within a specified time frame. (Example: “The rate of women in [State] who receive early prenatal care in 20\_\_.” This performance measure will assist in leading to [the health outcome measure of] reducing the rate of infant mortality in the State). (HRSA)

**Performance Objectives** – A statement of intention with which actual achievement and results can be measured and compared. Performance objective statements clearly describe what is to be achieved, when it is to be achieved, the extent of the achievement, and the target populations. (HRSA)

**Pregnant Woman** – A female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus. (HRSA)

**Prenatal** – Occurring or existing before birth, referring to both the care of the woman during pregnancy and the growth and development of the fetus. (HRSA)

**Preventive Services** – Activities aimed at reducing the incidence of health problems or disease prevalence in the community, or the personal risk factors for such diseases or conditions.

**Targets** – An aspired outcome that is explicitly stated, e.g. achieve 90% of timeliness of reporting, 100% completeness of reporting, etc. In this Guidance, “Targets” is often used interchangeably with “Objectives.” (HRSA)

**Transition** - A purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child to adult health care systems.

## 2. Appendix B: Work Plan Template

**Applicant Organization:**  
**Contact Person:**  
**Telephone:**  
**Email Address:**  
**Estimated Reach:**

**DOH RFA#**  
**RFA Title:**  
**Project Title:**  
**Total Request \$:**  
**Cost Per Participant:**

CHA\_MCHS080715

### PROPOSED WORK PLAN

**GOAL 1: Insert in this space one proposed project goal.** *Proceed to outline administrative and project objectives, activities and targeted dates in the spaces b*

#### ***Measurable Objectives/Activities:***

Objective #1.1:

Key Indicator(s):

Key Partner(s):

Key Activities Needed To Meet This Objective:

- 1.
- 2.
- 3.

Objective #1.2:

Key Indicator(s):

Key Partner(s):

Key Activities Needed To Meet This Objective:

- 1.
- 2.
- 3.

*Continue with this format to outline additional goals and related process objectives*



### 3. Appendix C: Stratifiers and Metrics

#### STRATIFIERS

Applicants shall ensure capacity to collect the following data on all program participants, if applicable:

- |                  |                     |                       |
|------------------|---------------------|-----------------------|
| · Age            | · Nativity/Language | · Marital status      |
| · Gender         | · General Income    | · Household structure |
| · Race/ethnicity | · Education         | · Quarter of the year |
| · Birth order    | · Insurance         |                       |

#### METRICS

Applicants shall ensure the capacity to provide qualitative and quantitative data to align with District's selected Title V National Performance Measures:

- Well-woman visit (Percent of women with a past year preventative visit)
- Breastfeeding (A. Percent of infants who are ever breastfed and B. Percent of infants breastfed exclusively through 6 months)
- Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)
- Physical activity (Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day)
- Bullying (Percent of adolescents, 12 through 17, who are bullied or who bully others)
- Transition (Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care)
- Oral health (A. Percent of women who had a dental visit during pregnancy and B. Percent of children, ages 1 through 17, who had a preventive dental visit in the past year)
- Smoking during Pregnancy and Household Smoking (A. Percent of women who smoke during pregnancy and B. Percent of children who live in households where someone smokes)

### 4. Appendix D: Budget Format

For additional guidance <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

The following is a sample format to complete your budget narrative

#### A. Salaries and Wages

**Total: \$**

Name	Position Title	Annual Salary	Time	Months	Amount Requeste
		\$			\$
		\$			\$

**Position Descriptions/Justifications:**

Program Director

Brief description of role and key responsibilities.

Position Title # 2

Brief description of role and key responsibilities.

Position Title # 3

Brief description of role and key responsibilities.

**B. Fringe Benefits**

**Total: \$**

*Fringe benefits are applicable to direct salaries and are treated as direct costs.*

**C. Consultants/Contracts**

**Total: \$**

Contractor #1		
<b>Name of Contractor</b>		
<b>Method of Selection</b> (check appropriate box)	Sole Source*	Competitive
<b>*If Sole Source</b> - include an explanation as to why this institution is the only one able to perform contract services		
<b>Period of Performance</b>	Start Date of	End Date of Contract

<b>Scope of Work</b> Written as outcome measures Specify deliverables Relate to program objectives/activities	
<b>Method of Accountability</b> (describe how the contract will be monitored)	
<b>Budget</b>	

**D. Equipment**

**Total: \$**

**E. Supplies**

**Total: \$**

*Example:* General office supplies (pens, paper, etc.) (Example: 18 months x \$300/year x 2 staff) \$1,200.00

The funding will be used to furnish the necessary supplies for staff to carry out the requirements of the award.

**F. Travel**

**Total: \$**

Provide details and rationale for proposed in-state and out of state travel

**G. Other**

**Total: \$**

Provide details and rationale for any other items required to implement the award.

**H. Total Direct Cost**

**Total: \$**

<b>Salary and Wages</b>	\$
<b>Fringe</b>	\$
<b>Contracts</b>	\$
<b>Equipment</b>	\$
<b>Supplies</b>	\$
<b>Travel</b>	\$
<b>Other</b>	\$
<b>TOTAL DIRECT</b>	\$


**I. Total Indirect Cost****Total: \$**

Indirect cost is calculated as a percentage of total direct costs (Direct Costs \$            x 10%)

**J. Total Financial Request Summary**

Salary and Wages	\$
Fringe	\$
Contracts/Consultant	\$
Equipment	\$
Supplies	\$
Travel	\$
Other	\$
<b>Total Direct</b>	\$
<b>Indirect Cost</b>	\$
<b>Total Financial Request</b>	\$

## 5. Appendix E: Application for Funding

		<b>District of Columbia Department of Health</b> <b>Application for Funding</b>	
<b>RFA#</b> <b>CHA_MCHS080715</b>  <b>Release Date:</b> <b>Due Date:</b>	<b>HSCM_01.30.15</b>  August 7, 2015 September 4, 2015	<b>RFA Title:</b>  <b>DOH Administrative Unit:</b>  <b>Fund Authorization:</b>	Title V Maternal and Child Health Services Block Grant to States Program Community Health Administration Pursuant to terms of NOA#
<input type="checkbox"/> <b>New Application</b> <input type="checkbox"/> <b>Supplemental</b> <input type="checkbox"/> <b>Competitive Continuation</b> <input type="checkbox"/> <b>Non-competitive Continuation</b>			
The following documents must be submitted to complete the Application Package: <ul style="list-style-type: none"> <li><input type="checkbox"/> DOH Application for Funding (including DOH &amp; Federal Assurances &amp; Certifications)</li> <li><input type="checkbox"/> Project Narrative (as per the RFA Guidance)</li> <li><input type="checkbox"/> Project Work Plan (per the RFA Guidance)</li> <li><input type="checkbox"/> Budget and Narrative Justification</li> <li><input type="checkbox"/> All Required attachments</li> <li><input type="checkbox"/> Assurances and Certification Package</li> </ul>			
Complete the Sections Below. All information requested is mandatory.			
<b>1. Applicant Profile:</b>		<b>2. Contact Information:</b>	
Legal Agency Name:		Agency Head:	
Street Address:		Telephone #:	
City/State/Zip		Email Address:	
Ward Location:			
Main Telephone #:		Project Manager:	
Main Fax #:		Telephone #:	
Vendor ID:		Email Address:	
DUNS No.:			
<b>3. Application Profile:</b>			
<b>Select One Only:</b>	<b>Program Area:</b>	<b>Funding Request:</b>	
	[ ] Women/Maternal Health	\$	
	[ ] Perinatal Infant Health	\$	
	[ ] Child Health	\$	
	[ ] Adolescent Health	\$	
	[ ] CYSHCN	\$	
	[ ] Cross-Cutting or Life Course	\$	

**Proposal Description: 200 word limit**

---

Name & Title of Authorized Representative

---

Date

## F. Appendix F: Application Receipt



### Application Receipt for CHA-RFA# CHA\_MCHS080715

*The Applicant shall prepare two copies of this sheet. The DOH representative will date-stamp both copies and return one copy to you for your records. The stamped receipt shall serve as documentation that the Department of Health is in receipt of your organization's application for funding. The receipt is not documentation of a review by DOH personnel. Please accept and hold your receipt as confirmation that DOH has received and logged-in your application. Note: Receipts for late applications may be provided upon delivery of your application, but late applications will not be forwarded to the review panel for consideration.*

**The District of Columbia Department of Health, Community Health Administration is in receipt of an application package in response to RFA# CHA\_MCHS080715. The application package has been submitted by an authorized representative for the following organization:**

\_\_\_\_\_  
(Applicant Organization Name)

\_\_\_\_\_  
(Address, City, State, Zip Code)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(E-mail Address)

Submitted by: \_\_\_\_\_ (Contact  
Name/Please Print Clearly)  
(Signature)

For identification and tracking purposes only:

1. Your Proposal Program Title: \_\_\_\_\_
2. Amount Requested: \_\_\_\_\_
3. Program / Service Area for which funds are requested in the attached application: *(check one)*  
[ ] Title V Maternal and Child Health Services Block Grant to States Program

### District of Columbia Department of Health Use Only

ORIGINAL APPLICATION PACKAGE AND _____ (NO.) OF COPIES		Date Stamp
Received on this date: ____/____/2015		
Time Received: _____		
Received by: _____ Tracking # _____		

## **G. Appendix G: Assurances and Certifications**



### **GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health Statement of Certification for a DOH Notice of Award**

- A. The Applicant has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The Applicant is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. The Applicant certifies that all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The Applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. The Applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the awarding Agency, the Applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the Applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the Applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the award, or the ability to obtain them;
- I. That the Applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- J. That the Applicant has a satisfactory record of performing similar activities as detailed in the award or, if the award is intended to encourage the development and support of organizations without significant previous experience, that the awardee has otherwise established that it has



the skills and resources necessary to perform the award. In this connection, Agencies may report their experience with an awardee's performance to OPGS which shall collect such reports and make the same available on its intranet website.

- K. That the Applicant has a satisfactory record of integrity and business ethics;
- L. That the Applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the award, or the ability to obtain them;
- M. That the Applicant is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the Applicant complies with provisions of the Drug-Free Workplace Act; and
- O. That the Applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.
- P. That the Applicant agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this award from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the applying organization, I hereby certify that the applicant, if awarded, will comply with the above certifications.

---

Applicant Name

---

Street Address

---

City

---

State

---

Zip Code

---

Application Number and/or Project Name

---

Applicant IRS/Vendor Number

---

Typed Name and Title of Authorized Representative

---

Signature

---

Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**  
**Statement of Assurances to Comply with Federal Assurances**

The Awardee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Award -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Awardee assures and certifies that:

1. It possesses legal authority to apply for the award; that a resolution, motion or similar action has been duly adopted or passed as an official act of The awardee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Awardee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the Awardee.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31, 1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or award, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.
11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

12. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
13. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
14. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. seq.) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
15. In addition to the above, the Awardee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
  - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
  - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C. 201 et seq.)

- c) The Clean Air Act (awards over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC chap. 85 et seq.
- d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et seq.)
- e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
- f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
- g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
- h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
- i) Executive Order 12459 (Debarment, Suspension and Exclusion)
- j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
- k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
- l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
- m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
- n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
- o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)
- p) Federal Funding

As the duly authorized representative of the applying organization, I hereby certify that the applicant, if awarded, will comply with the above certifications.

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Applicant Name

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Street Address

---

City

---

State

---

Zip Code

---

Application Number and/or Project Name

---

Applicant IRS/Vendor Number

---

Typed Name and Title of Authorized Representative

---

Signature

---

Date



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**  
**Certifications Regarding**  
**Lobbying, Debarment and Suspension, Other Responsibility Matters, and**  
**Requirements for a Drug- Free Workplace**

Awardees should refer to the regulations cited below to determine the certification to which they are required to attest. Awardees should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

**1. Lobbying**

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into an award agreement over \$100,000, as defined at 28 CFR Part 69, the Awardee certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.
- (d) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (e) The undersigned shall require that the language of this certification be included in the award documents that awardees shall certify and disclose accordingly.

## **2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

***The Awardee certifies that it and its principals:***

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and
- (e) Where the Awardee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

## **3. Drug-Free Workplace (Awardees Other Than Individuals)**

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

***The Awardee certifies that it will or will continue to provide a drug-free workplace by:***

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Awardee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- (b) Establishing an on-going drug-free awareness program to inform employee's about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The Awardee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations

occurring in the workplace.

- (5) Making it a requirement that each employee to be engaged in the performance of the award be given a copy of the statement required by paragraph (a).
- (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the award, the employee would---
- (7) Abide by the terms of the statement; and
- (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
- (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to: The Office of the Senior Deputy Director for the Community Health Administration, 899 North Capitol Street NE, Room 3115, Washington, DC 20002. Notice shall include the identification number(s) of each effected awardee.
- (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted –
  - (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
  - (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (I), (c), (d), (e), and (1).
- (11) The Awardee may insert in the space provided below the sites) for the performance of work done in connection with the specific award:

Place of Performance (Street address, city, county, state, zip code) Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620
- (12) As a condition of the award, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the award; and

- (13) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any award activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: D.C. Department of Health, 899 N. Capitol St., NE, Washington, DC 20002.

As the duly authorized representative of the applying organization, I hereby certify that the applicant, if awarded, will comply with the above certifications.

---

Applicant Name

---

Street Address

---

City

---

State

---

Zip Code

---

Application Number and/or Project Name

---

Applicant IRS/Vendor Number

---

Typed Name and Title of Authorized Representative

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Signature

---

Date